

Application or Docket Number

Substitute for Form P10-875

10/758306

(Column 1)	(Column 2)
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MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.160)

\* If the difference in column 1 is less than zero enter 0 in column 2

$\{L(\mathcal{A}^{(n)}, 1)\}$   $\{L(\mathcal{A}^{(n)}, 1)\}$   $\{L(\mathcal{A}^{(n)}, 1)\}$

Approved: \_\_\_\_\_  
Special Agent in Charge

[illegible]

The undersigned hereby certifies that the foregoing is a true and correct copy of the original as the same appears in the files of the undersigned.  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Branch: \_\_\_\_\_  
 Sub-Branch: \_\_\_\_\_  
 Section: \_\_\_\_\_  
 Sub-Section: \_\_\_\_\_  
 Unit: \_\_\_\_\_  
 Sub-Unit: \_\_\_\_\_  
 The undersigned hereby certifies that the foregoing is a true and correct copy of the original as the same appears in the files of the undersigned.  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Branch: \_\_\_\_\_  
 Sub-Branch: \_\_\_\_\_  
 Section: \_\_\_\_\_  
 Sub-Section: \_\_\_\_\_  
 Unit: \_\_\_\_\_  
 Sub-Unit: \_\_\_\_\_